

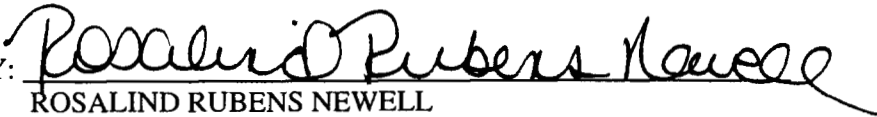
Entered - 08/09/99 - sb  
CL - 99L0470 - GWENDOLYN BURNS

CLAIM OF: Allen Clemens  
1270 W. Peachtree Street, NW, #11-A  
Atlanta, Georgia 30309

00-12-1833

For property damages alleged to have been sustained from a storm  
sewer overflow on July 6, 1999 at 12 Peachtree Avenue, NE, #9.

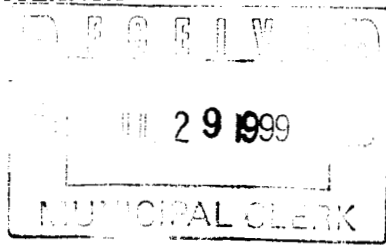
THIS ADVERSED REPORT IS APPROVED

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

BURNS  
08/04/99  
July 25/99



ENTERED - 8-9-99 - SB  
99L0470 - GWEN BURNS

07-29-99P05:39 RCVD  
est.

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2000.00 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 7-6-99 2. Time of Incident: 5pm 3. Police called: X  
(month/day/year). Yes No

4. Location of incident (including street address): 12 Peachtree Ave #9 Atlanta GA

5. Name of your insurance company: \_\_\_\_\_ Policy No. 30305

6. State what and how incident occurred: Flooding of apartment due to city sewer - resulting in furniture damage, household goods, and resulting in us having to move with resulting expense.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: \_\_\_\_\_  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

00- R-1833

Allen Clemens  
(Print Claimant's Name)  
1270 West Peachtree St NW #11A  
(Address)  
Atlanta GA 30309  
(City, State and Zip Code)  
404-874-0298  
(Work Number) (Home Number)

# DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0470

Date: October 31, 2000

Claimant /Victim ALLEN CLEMENS  
 BY: (Atty) (Ins. Co.) \_\_\_\_\_  
 Address: 1270 West Peachtree Street, NW, #11-A, Atlanta, Georgia 30309  
 Subrogation: \_\_\_\_\_ Claim for Property damage \$ 2,000.00 Bodily Injury \$ \_\_\_\_\_  
 Date of Notice: 7/29/99 Method: Written, Proper X Improper \_\_\_\_\_  
 Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
 Date of Occurrence 7/6/99 Place: 12 Peachtree Avenue, NE, #9  
 Department PUBLIC WORKS Division Sewer Operations  
 Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant alleges that his apartment sustained damages from an over flow of storm sewer drains located on the property. An investigation determined that the City responded in a timely manner to the July 6, 1999 occurrence. Further review of the records indicated that the City did not have notice of any problems at this location prior to the July 6, 1999 occurrence. The City is immune from liability as set forth in O.C.G.A. §36-33-1. (cc: claim 99L0470)

## INVESTIGATION:

Statements: City employee X Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral X  
 Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other X  
 Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
 Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

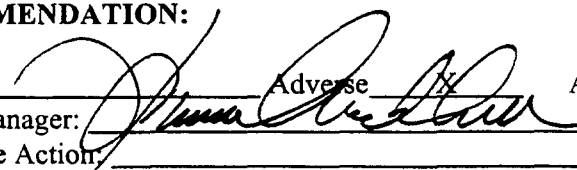
## BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_  
 Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_  
 City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
 Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
 Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
 INVESTIGATOR - GWENDOLYN BURNS

## RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
 Claims Manager:  Concur/date 11-22-00  
 Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_